

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10574835

FILING DATE

01 MAR 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		2		/		
7		5		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
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21		/		/		
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23		/		/		
24		8		/		
25		0		/		
26		0		/		
27		0		/		
28		0		/		
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TOTAL IND.	3		6			
TOTAL DEP.	51		36			
TOTAL CLAIMS	54		42			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						